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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number <b>10/593,303</b>		Filing Date <b>19 March, 2007</b>		<input type="checkbox"/> To be Mailed				
					Applicant(s) <b>VAN MOL ET AL.</b>						Page 1 of 1		
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/18/2006		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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2				1			52						
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5				(1)			55						
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50							100						
Total Indep			1				Total Indep						
Total Depend				20			Total Depend						
Total Claims			21				Total Claims						

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